PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 2015:22068

		CLAIMS	AS FILED -	PART				SMALL EN	TITV		07115	
			(Columr	n 1)	(Column 2)			TYPE		OR	OTHER SMALL	
U.S. NATIONAL STAGE FEES			30	39				RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT.	SMALL ENT. = \$ 150		SE ENT. = \$ 300	•	BASIC FEE	150	OR	BASIC FEE	
EXAMINATION FEE			Satisfies PCT Ar (4) = \$ 50	, ,		her situations = 100 / \$ 200		EXAM. FEE	100		EXAM. FEE	
SEARCH FEE			U.S. is ISA = \$ ALL other cou \$ 200 / \$	ntries =	All ot	her situations = 250 / \$ 500		SEARCH FEE	50		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			minu	ıs 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			/ min	nus 20 =	* (5/		X \$ 25 =	12175	OR	X \$ 50 =	
IND	EPENDENT CL	AIMS	\mathcal{A} mi	inus 3 =	*			X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT	Y				+ \$ 180 =	180	OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	1755	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***	_	=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
		•						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$.180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
**	If the "Highest Nu	mn 1 is less than the mber Previously Paid mber Previously Paid	For" IN THIS SPA	ACE is less	than '20'	', enter "20".						
		nber Previously Paid					in the	e appropriate box	in column 1.			